



LEAGUE OF WOMEN VOTERS®
OF MILWAUKEE COUNTY

Reimbursement Request

Date of Request _____

From (name as it should appear on check) _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

Clearly indicate the budget category to which your expense should be charged.

Attach receipts for each expense listed. Please, keep a copy of this form and receipts for your records.

Expense Description: _____

Budget Category: _____ Date: _____ Amount: \$ _____

Expense Description: _____

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Expense Description: _____

Budget Category: _____ Date: _____ Amount: \$ _____

Expense Description: _____

Budget Category: _____ Date: _____ Amount: \$ _____

Expense Description: _____

Budget Category: _____ Date: _____ Amount: \$ _____

TOTAL \$ _____

Questions and your submission should be directed to the Treasurer. Mail this form and receipts to:
LWV of Milwaukee County, 1845 N. Farwell Ave., Suite 102, Milwaukee, WI 53202

www.lwvmilwaukee.org